In re	David Kissner Stacy Kissner	According to the information required to be entered on this statement
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case Number:		☐ The presumption arises.
	(If known)	■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by \$707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS			
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.			
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).			
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.			
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.			
Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complement required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presump temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your before your exclusion period ends.				
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard			
	a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and ☐ I remain on active duty /or/ ☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;			
	OR			
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 			

	Marital/filing status. Check the box that applies a	ind c	omplete the balanc	e of this part of this sta	tement	as directed.		
ļ	a. Unmarried. Complete only Column A ("D							
ļ	b. \square Married, not filing jointly, with declaration							
2	"My spouse and I are legally separated under							
2	purpose of evading the requirements of § 707 for Lines 3-11.							
	c. ☐ Married, not filing jointly, without the declar ("Debtor's Income") and Column B ("Spot				2.b abov	ve. Complete b	oth (Column A
	d. Married, filing jointly. Complete both Column 1. Married, filing jointly.					se's Income'')	for L	ines 3-11.
	All figures must reflect average monthly income re calendar months prior to filing the bankruptcy case				•	Column A	(Column B
	the filing. If the amount of monthly income varied					Debtor's		Spouse's
	six-month total by six, and enter the result on the a					Income		Income
3	Gross wages, salary, tips, bonuses, overtime, con	nmis	ssions.		\$	3,688.70	\$	2,954.0
	Income from the operation of a business, profess							
ļ	enter the difference in the appropriate column(s) o business, profession or farm, enter aggregate numb							
ļ	not enter a number less than zero. Do not include				n			
4	Line b as a deduction in Part V.	_			_			
ļ			Debtor	Spouse	4			
	a. Gross receiptsb. Ordinary and necessary business expenses	\$	0.00 0.00					
	c. Business income		otract Line b from I		 _{\$}	0.00	\$	0.0
					- -		-	
ļ	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any							
	part of the operating expenses entered on Line l	as a	deduction in Par		_			
5		Ф	Debtor	Spouse				
ļ	a. Gross receiptsb. Ordinary and necessary operating expenses	\$	0.00					
	c. Rent and other real property income		otract Line b from I		\$	0.00	\$	0.0
6	Interest, dividends, and royalties.				\$	0.00	\$	0.00
7	Pension and retirement income.				\$	0.00	\$	0.0
	Any amounts paid by another person or entity,	on a	regular basis, for	the household				
0	expenses of the debtor or the debtor's dependen	ts, ir	cluding child sup	port paid for that				
8	purpose. Do not include alimony or separate main spouse if Column B is completed. Each regular pa							
ļ	if a payment is listed in Column A, do not report the				\$	0.00	\$	0.0
	Unemployment compensation. Enter the amount	in th	e appropriate colun	nn(s) of Line 9.				
	However, if you contend that unemployment comp				ı			
9	benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:							
	<u> </u>							
	Unemployment compensation claimed to be a benefit under the Social Security Act Debte	r \$	0.00 Spo	ouse \$ 0.00	\$	0.00	\$	0.0
	Income from all other sources. Specify source an	d am	ount. If necessary,	, list additional sources				
ļ	on a separate page. Do not include alimony or separate maintenance payments paid by your							
ļ	spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments							
10	received as a victim of a war crime, crime against l							
10	domestic terrorism.			T	٦			
		ď	Debtor	Spouse	\parallel			
ļ	a. b.	\$		\$ \$	\dashv			
	Total and enter on Line 10	Ψ		1 *	- \$	0.00	\$	0.0
I	Total and enter on Line 10					0.00		

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		6,642.73		
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	79,712.76		
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
	a. Enter debtor's state of residence: CA b. Enter debtor's household size: 4	\$	76,211.00		
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. ☐ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.	does no	ot arise" at the		
	■ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.				

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCULA	ATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2	2)	
16	Enter the amount from Line 12.			6,642.73
17	Column B that was NOT paid on a dependents. Specify in the lines bel spouse's tax liability or the spouse's	d the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, regular basis for the household expenses of the debtor or the debtor's ow the basis for excluding the Column B income (such as payment of the support of persons other than the debtor or the debtor's dependents) and the purpose. If necessary, list additional adjustments on a separate page. If you did to. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$	0.00
18	Current monthly income for § 70'	7(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$	6,642.73
	Part V. C.	ALCULATION OF DEDUCTIONS FROM INCOME		
	Subpart A: Dec	luctions under Standards of the Internal Revenue Service (IRS)		
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.			
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older Allowance per person 144			
	b1. Number of persons c1. Subtotal	4 b2. Number of persons 0 240.00 c2. Subtotal 0.00	\$	240.00
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.			\$	636.00

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of the number that would currently be allowed as exemptions on your fect any additional dependents whom you support); enter on Line b the tot debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero.	ty and family size (this information is burt) (the applicable family size consists of leral income tax return, plus the number of al of the Average Monthly Payments for any		
	a. IRS Housing and Utilities Standards; mortgage/rental expense	\$ 2,882.00		
	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$ 0.00		
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$	2,882.00
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	led under the IRS Housing and Utilities	\$	0.00
	Local Standards: transportation; vehicle operation/public transport	rtation expense.		
22A	You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 8.	whether you pay the expenses of operating	a	
	$\square 0 \square 1 \square 2$ or more.			
	If you checked 0, enter on Line 22A the "Public Transportation" amout Transportation. If you checked 1 or 2 or more, enter on Line 22A the 'Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ or	\$	612.00	
	Local Standards: transportation; additional public transportation	evnence. If you pay the operating evnences		
22B	for a vehicle and also use public transportation, and you contend that you public transportation expenses, enter on Line 22B the "Public Tra Standards: Transportation. (This amount is available at www.usdoj.go	r \$	0.00	
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)			0.00
	\blacksquare 1 \square 2 or more.			
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.			
	a. IRS Transportation Standards, Ownership Costs	\$ 517.00		
	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$ 523.00		
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$	0.00
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Powersh for any dabte secured by Vehicle 2, as stated in Line 42; subtract Line b from Line and outer.			
	a. IRS Transportation Standards, Ownership Costs	\$ 0.00]	
	Average Monthly Payment for any debts secured by Vehicle b. 2 as stated in Line 42	\$ 0.00		
	b. 2, as stated in Line 42 c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$	0.00
	Other Necessary Expenses: taxes. Enter the total average monthly ex		-	
25	state and local taxes, other than real estate and sales taxes, such as income			
	security taxes, and Medicare taxes. Do not include real estate or sale			1,036.66

26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.			\$	274.69
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.				0.00
28	Other Necessary Expenses: court-ordered payments. pay pursuant to the order of a court or administrative aginclude payments on past due obligations included in	gency, such as spousal or	amount that you are required to child support payments. Do not	\$	0.00
29	Other Necessary Expenses: education for employmenthe total average monthly amount that you actually expendication that is required for a physically or mentally coproviding similar services is available.	end for education that is	a condition of employment and for	\$	0.00
30	Other Necessary Expenses: childcare. Enter the total childcare - such as baby-sitting, day care, nursery and p			\$	0.00
31	Other Necessary Expenses: health care. Enter the tot health care that is required for the health and welfare of insurance or paid by a health savings account, and that include payments for health insurance or health savi	yourself or your depend is in excess of the amour	lents, that is not reimbursed by nt entered in Line 19B. Do not	\$	0.00
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you				35.00
33	Total Expenses Allowed under IRS Standards. Ente	r the total of Lines 19 th	rough 32.	\$	7,198.35
3/	Health Insurance, Disability Insurance, and Health State the categories set out in lines a-c below that are reasonate dependents.				
34	a. Health Insurance	\$	165.98		
	b. Disability Insurance	\$	31.12		
	c. Health Savings Account	\$	0.00	\$	197.10
	Total and enter on Line 34. If you do not actually expend this total amount, state below: \$	your actual total average	e monthly expenditures in the space		
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.			\$	0.00
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.			\$	0.00
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your cast trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.			\$	0.00
	claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary				
38	actually incur, not to exceed \$156.25* per child, for attestional school by your dependent children less than 18 years of	endance at a private or pu Fage. You must provide t explain why the amou	age monthly expenses that you ablic elementary or secondary a your case trustee with	\$	0.00

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.				\$	0.00	
40	Continued charitable contributions. financial instruments to a charitable o				e form of cash or	\$	350.00
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40			\$	547.10		
		Subpart C: Deductions for D	ebt P	ayment			
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
	Name of Creditor	Property Securing the Debt	A	verage Monthly Payment	include taxes		
	a. Chase Auto Finance	2013 Subaru Forester 44,000 Miles	\$	523.00	or insurance? □yes ■no		
	l l l l l l l l l l l l l l l l l l l	44,000 Willes		Total: Add Lines		\$	523.00
43	payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor					\$	0.00 151.67
45		If you are eligible to file a case und the amount in line b, and enter the paper 13 plan payment. Strict as determined under schedules				Ψ	101.01
		e for United States Trustees. (This vw.usdoj.gov/ust/ or from the clerk o	f x		6.10		
		ive expense of chapter 13 case	To	tal: Multiply Lin	es a and b	\$	0.00
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.					\$	674.67
	S	ubpart D: Total Deductions	from	Income			
47	7 Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.					\$	8,420.12
	Part VI. DI	ETERMINATION OF § 707	(b)(2)	PRESUMP'	ΓΙΟΝ		
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))					\$	6,642.73
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))			\$	8,420.12		
50	Monthly disposable income under §	707(b)(2). Subtract Line 49 from Li	ne 48 a	and enter the resu	ılt.	\$	-1,777.39
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.				\$	-106,643.40	

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	Initial presumption determination. Check the applicable box and proceed a	is directed.				
52	■ The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
32	☐ The amount set forth on Line 51 is more than \$12,475* Check the box statement, and complete the verification in Part VIII. You may also complete	for "The presumption arises" at the top of page 1 of this e Part VII. Do not complete the remainder of Part VI.				
	\Box The amount on Line 51 is at least \$7,475*, but not more than \$12,475*	• Complete the remainder of Part VI (Lines 53 through 55).				
53	Enter the amount of your total non-priority unsecured debt	\$				
54	Threshold debt payment amount. Multiply the amount in Line 53 by the nu	umber 0.25 and enter the result. \$				
	Secondary presumption determination. Check the applicable box and proceedings.	eed as directed.				
55	\square The amount on Line 51 is less than the amount on Line 54. Check the of this statement, and complete the verification in Part VIII.	box for "The presumption does not arise" at the top of page 1				
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.					
	Part VII. ADDITIONAL EXPEN	ISE CLAIMS				
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.					
	Expense Description	Monthly Amount				
	a.	\$				
	b.	\$				
	c. d.	\$				
	Total: Add Lines a, b, c, and d	\$ \$				
	Part VIII. VERIFICAT	ION				
	I declare under penalty of perjury that the information provided in this staten	nent is true and correct (If this is a joint case, both debtors				
	must sign.)					
	Date: September 8, 2014 Sign	nature: /s/ David Kissner				
57		David Kissner (Debtor)				
	Date: September 8, 2014 Sign	nature /s/ Stacy Kissner				
		Stacy Kissner				
		(Joint Debtor, if any)				

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.